



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	12747	Employer's ID Number	20-4308924
Organized under the Laws of	Ohio				State of Domicile or Port of Entry	Ohio			
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [X]			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization []		
	Other []			Is HMO, Federally Qualified? Yes [] No []					
Incorporated/Organized	02/08/2006				Commenced Business	01/01/2007			
Statutory Home Office	2181 East Aurora Road				Twinsburg, OH 44087				
	(Street and Number)				(City, State and Zip Code)				
Main Administrative Office	2181 East Aurora Road				330-405-8089				
	Twinsburg, OH 44087				(Area Code) (Telephone Number)				
	(City, State and Zip Code)								
Mail Address	2181 East Aurora Road				Twinsburg, OH 44087				
	(Street and Number or P.O. Box)				(City, State and Zip Code)				
Primary Location of Books and Records	2181 East Aurora Road				330-405-8089				
	Twinsburg, OH 44087				(Area Code) (Telephone Number) (Extension)				
	(City, State and Zip Code)								
Internet Web Site Address	www.envisionrxplus.com								
Statutory Statement Contact	Edwin Jenaro Alicea				330-486-6377				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	ealicea@rxoptions.net				330-486-4801				
	(E-Mail Address)				(Fax Number)				

OFFICERS

Name	Title	Name	Title
Kevin Michael Nagle	President	Catherine Hoagland Strautman	Executive Vice President
Kimberly Sue Kirkbride	Treasurer	Eugene Paul Samuels	Secretary

OTHER OFFICERS

Barry Irwin Katz R. Ph.	Chief Operating Officer
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DIRECTORS OR TRUSTEES

Kevin Michael Nagle	Catherine Hoagland Strautman	Barry Irwin Katz R. Ph.	Kimberly Sue Kirkbride
Eugene Paul Samuels JD			

State of Ohio.....
County of Summit.....
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kevin Michael Nagle President	Catherine Hoagland Strautman Executive Vice President	Kimberly Sue Kirkbride Treasurer
Subscribed and sworn to before me this day of ,		a. Is this an original filing? Yes [X] No []
		b. If no:
		1. State the amendment number 0
		2. Date filed
		3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	6,489,018		6,489,018	5,959,856
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	216,893		216,893	221,584
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$1,384,484 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	1,384,484		1,384,484	10,445,019
6. Contract loans (including \$premium notes)			0	0
7. Derivatives			0	
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	8,090,395	0	8,090,395	16,626,459
13. Title plants less \$charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	34,409		34,409	36,022
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	341,143	131,005	210,138	259,416
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....	3,843,209	1,045,961	2,797,248	2,795,834
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	7,789,227		7,789,227	1,727,241
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,720,264	3,720,264	0	1,002,857
17. Amounts receivable relating to uninsured plans	78,281,236	195,643	78,085,593	15,142,381
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)	75,712	75,712	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets	947,330	947,330	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	103,122,925	6,115,915	97,007,010	37,590,210
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	103,122,925	6,115,915	97,007,010	37,590,210
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses.....	219,462	219,462	0	0
2502. Intangible Asset - Licensing.....	127,761	127,761	0	0
2503. Deferred Acquisition Cost.....	600,000	600,000	0	
2598. Summary of remaining write-ins for Line 25 from overflow page	107	107	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	947,330	947,330	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$420,577 reinsurance ceded)	3,767,656		3,767,656	2,360,418
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	818,237		818,237	259,868
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	250,255		250,255	42,642
9. General expenses due or accrued	130,574		130,574	143,309
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	944,807		944,807	589,630
12. Amounts withheld or retained for the account of others	1,027,167		1,027,167	813,984
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	31,726,653		31,726,653	4,461,478
16. Derivatives			0	
17. Payable for securities			0	0
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties (with \$39,013,189 authorized reinsurers and \$unauthorized reinsurers)	39,013,189		39,013,189	7,330,479
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	77,678,538	0	77,678,538	16,001,808
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(6,371,528)	(4,111,598)
32. Less treasury stock, at cost:				
32.1 .....shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	19,328,472	21,588,402
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	97,007,010	37,590,210
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	1,123,353	392,169
2. Net premium income (including \$0 non-health premium income).....	XXX.....	57,978,186	34,037,638
3. Change in unearned premium reserves and reserve for rate credits	XXX.....		0
4. Fee-for-service (net of \$ medical expenses)	XXX.....		0
5. Risk revenue	XXX.....		0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	0
8. Total revenues (Lines 2 to 7)	XXX.....	57,978,186	34,037,638
Hospital and Medical:			
9. Hospital/medical benefits			0
10. Other professional services			0
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs		96,306,911	38,834,633
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	96,306,911	38,834,633
Less:			
17. Net reinsurance recoveries		46,328,588	10,952,797
18. Total hospital and medical (Lines 16 minus 17)	0	49,978,323	27,881,836
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		2,716,706	1,135,976
21. General administrative expenses.....		4,618,204	2,584,966
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	57,313,233	31,602,778
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	664,953	2,434,860
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		77,315	123,171
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	77,315	123,171
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$166,908)]		(166,908)	(200,000)
29. Aggregate write-ins for other income or expenses	0	0	(170)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	575,360	2,357,861
31. Federal and foreign income taxes incurred	XXX.....		0
32. Net income (loss) (Lines 30 minus 31)	XXX.....	575,360	2,357,861
DETAILS OF WRITE-INS			
0601.	XXX.....		0
0602.	XXX.....		0
0603.	XXX.....		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX.....	0	0
0701.	XXX.....		0
0702.	XXX.....		0
0703.	XXX.....		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX.....	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Penal t ies.....			(170)
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	(170)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	21,588,402	5,226,115
34. Net income or (loss) from Line 32	575,360	2,357,861
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		(40,662)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(2,735,290)	(954,912)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	15,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	(100,000)	0
48. Net change in capital & surplus (Lines 34 to 47)	(2,259,930)	16,362,287
49. Capital and surplus end of reporting year (Line 33 plus 48)	19,328,472	21,588,402
DETAILS OF WRITE-INS		
4701. Prior Period Adjustments.....	(100,000)	0
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(100,000)	0

CASH FLOW

Cash from Operations			1	2
			Current Year	Prior Year
1.	Premiums collected net of reinsurance		55,998,020	34,273,733
2.	Net investment income		112,495	150,052
3.	Miscellaneous income		0	0
4.	Total (Lines 1 through 3)		56,110,515	34,423,785
5.	Benefit and loss related payments		54,633,071	28,647,984
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7.	Commissions, expenses paid and aggregate write-ins for deductions		69,923,440	3,536,345
8.	Dividends paid to policyholders			0
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		0	0
10.	Total (Lines 5 through 9)		124,556,511	32,184,329
11.	Net cash from operations (Line 4 minus Line 10)		(68,445,996)	2,239,456
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds		1,425,000	3,935,000
12.2	Stocks		0	0
12.3	Mortgage loans		0	0
12.4	Real estate		0	0
12.5	Other invested assets		0	0
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7	Miscellaneous proceeds		0	0
12.8	Total investment proceeds (Lines 12.1 to 12.7)		1,425,000	3,935,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds		1,987,729	5,344,069
13.2	Stocks		0	0
13.3	Mortgage loans		0	0
13.4	Real estate		0	0
13.5	Other invested assets		0	0
13.6	Miscellaneous applications		0	0
13.7	Total investments acquired (Lines 13.1 to 13.6)		1,987,729	5,344,069
14.	Net increase (decrease) in contract loans and premium notes		0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(562,729)	(1,409,069)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes		0	0
16.2	Capital and paid in surplus, less treasury stock		0	15,000,000
16.3	Borrowed funds		0	0
16.4	Net deposits on deposit-type contracts and other insurance liabilities			0
16.5	Dividends to stockholders		0	0
16.6	Other cash provided (applied)		59,948,190	(5,835,308)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		59,948,190	9,164,692
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(9,060,535)	9,995,079
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year		10,445,019	449,940
19.2	End of year (Line 18 plus Line 19.1)		1,384,484	10,445,019

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Envision Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	57,978,186	.0	.0	.0	.0	.0	.0	.0	57,978,186	.0
2. Change in unearned premium reserves and reserve for rate credit .....	.0									
3. Fee-for-service (net of \$ medical expenses) .....	.0									XXX
4. Risk revenue .....	.0									XXX
5. Aggregate write-ins for other health care related revenues .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	57,978,186	.0	.0	.0	.0	.0	.0	.0	57,978,186	.0
8. Hospital/medical benefits .....	.0									XXX
9. Other professional services .....	.0									XXX
10. Outside referrals .....	.0									XXX
11. Emergency room and out-of-area .....	.0									XXX
12. Prescription drugs	96,306,911								96,306,911	XXX
13. Aggregate write-ins for other hospital and medical .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	.0									XXX
15. Subtotal (Lines 8 to 14)	96,306,911	.0	.0	.0	.0	.0	.0	.0	96,306,911	XXX
16. Net reinsurance recoveries	46,328,588								46,328,588	XXX
17. Total hospital and medical (Lines 15 minus 16)	49,978,323	.0	.0	.0	.0	.0	.0	.0	49,978,323	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ cost containment expenses	2,716,706								2,716,706	
20. General administrative expenses	4,618,204								4,618,204	
21. Increase in reserves for accident and health contracts .....	.0									XXX
22. Increase in reserves for life contracts .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	57,313,233	.0	.0	.0	.0	.0	.0	.0	57,313,233	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	664,953	0	0	0	0	0	0	0	664,953	0
DETAILS OF WRITE-INS										
0501. ....	.0									XXX
0502. ....	.0									XXX
0503. ....	.0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....	.0									XXX
1302. ....	.0									XXX
1303. ....	.0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....	111,443,506	2,213,782	55,679,102	57,978,186
9. Health subtotal (Lines 1 through 8)	111,443,506	2,213,782	55,679,102	57,978,186
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	111,443,506	2,213,782	55,679,102	57,978,186

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Envision Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	94,479,096								94,479,096	
1.2 Reinsurance assumed	1,589,563								1,589,563	
1.3 Reinsurance ceded	47,497,573								47,497,573	
1.4 Net	48,571,086	0	0	0	0	0	0	0	48,571,086	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	4,188,233	0	0	0	0	0	0	0	4,188,233	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	420,577	0	0	0	0	0	0	0	420,577	0
3.4 Net	3,767,656	0	0	0	0	0	0	0	3,767,656	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,360,418	0	0	0	0	0	0	0	2,360,418	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,360,418	0	0	0	0	0	0	0	2,360,418	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	96,306,911	0	0	0	0	0	0	0	96,306,911	0
12.2 Reinsurance assumed	1,589,563	0	0	0	0	0	0	0	1,589,563	0
12.3 Reinsurance ceded	47,918,150	0	0	0	0	0	0	0	47,918,150	0
12.4 Net	49,978,324	0	0	0	0	0	0	0	49,978,324	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	4,188,233								4,188,233	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	420,577								420,577	
1.4. Net	3,767,656	0	0	0	0	0	0	0	3,767,656	0
2. Incurred but Unreported:										
2.1. Direct	0									
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	4,188,233	0	0	0	0	0	0	0	4,188,233	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	420,577	0	0	0	0	0	0	0	420,577	0
4.4. Net	3,767,656	0	0	0	0	0	0	0	3,767,656	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health	1,484,999	47,086,087		3,767,656	1,484,999	2,360,418
9. Health subtotal (Lines 1 to 8).....	1,484,999	47,086,087	.0	3,767,656	1,484,999	2,360,418
10. Healthcare receivables (a).....					.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	1,484,999	47,086,087	0	3,767,656	1,484,999	2,360,418

(a) Excludes \$ loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior .....	.0	.0	.0	.0	
2. 2006 .....	.0	.0	.0	.0	
3. 2007	XXX	.32,615	.42,422	.42,422	.41,643
4. 2008	XXX	XXX	.17,892	.21,005	.21,005
5. 2009	XXX	XXX	XXX	.25,521	.27,785
6. 2010	XXX	XXX	XXX	XXX	47,085

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	XXX	.38,726	.42,422	.42,422	.41,643
4. 2008	XXX	XXX	.21,005	.21,005	.21,005
5. 2009	XXX	XXX	XXX	.27,882	.27,785
6. 2010	XXX	XXX	XXX	XXX	50,854

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2006 .....	.0	.0		.0	.0	.0			.0	.0
2. 2007 .....	.28,105	.41,643	.575	.1	.42,218	.150			.42,218	.150
3. 2008 .....	.21,955	.21,005	.941	.4	.21,946	.100			.21,946	.100
4. 2009 .....	.34,038	.27,785	.1,136	.4	.28,921	.85			.28,921	.85
5. 2010	57,978	47,085	1,899	4.0	48,984	84.5	3,768	818	53,570	92.4

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior0	.0	.0	.0	.0
2. 2006 .....	.0	.0	.0	.0	.0
3. 2007	XXX	32,615	42,422	42,422	41,643
4. 2008	XXX	XXX	17,892	21,005	21,005
5. 2009	XXX	XXX	XXX	25,521	27,785
6. 2010	XXX	XXX	XXX	XXX	47,085

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior .....	.0	.0	.0	.0	.0
2. 2006 .....	.0	.0	.0	.0	.0
3. 2007	XXX	38,726	42,422	42,422	41,643
4. 2008	XXX	XXX	21,005	21,005	21,005
5. 2009	XXX	XXX	XXX	27,882	27,785
6. 2010	XXX	XXX	XXX	XXX	50,854

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2006 .....	.0	.0	.0	0.0	.0	0.0	.0	.0	.0	0.0
2. 2007	28,105	41,643	575	1.4	42,218	150.2	.0	.0	42,218	150.2
3. 2008	21,955	21,005	941	4.5	21,946	100.0	.0	.0	21,946	100.0
4. 2009	34,038	27,785	1,136	4.1	28,921	85.0	.0	.0	28,921	85.0
5. 2010	57,978	47,085	1,899	4.0	48,984	84.5	3,768	818	53,570	92.4

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XV
NONE

Part 2C - Sn C - Claims Expense Ratio XI
NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building).....			578,354		578,354
2. Salaries, wages and other benefits.....			2,471,473		2,471,473
3. Commissions (less \$ceded plus \$assumed).....			19,292		19,292
4. Legal fees and expenses.....			70,486		70,486
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			121,855		121,855
7. Traveling expenses.....			33,165		33,165
8. Marketing and advertising.....					0
9. Postage, express and telephone.....			302,193		302,193
10. Printing and office supplies.....			414,307		414,307
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....			53,160		53,160
14. Outsourced services including EDP, claims, and other services.....		2,716,706	59,990		2,776,696
15. Boards, bureaus and association fees.....			166,823		166,823
16. Insurance, except on real estate.....			36,960		36,960
17. Collection and bank service charges.....			25,769		25,769
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....			10,232		10,232
22. Real estate taxes.....			3,435		3,435
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			56,732		56,732
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....			44,093		44,093
23.4 Payroll taxes.....			149,885		149,885
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....				25,060	25,060
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	2,716,706	4,618,204	25,060	(a) .....7,359,970
27. Less expenses unpaid December 31, current year		818,237	130,574		948,811
28. Add expenses unpaid December 31, prior year	0	259,868	143,309	0	403,177
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	2,158,337	4,630,939	25,060	6,814,336
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$3,309,052 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....102,543	.....100,930
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....1,445	.....1,445
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	103,988	102,375
11.	Investment expenses		(g).....25,060
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....25,060
17.	Net investment income (Line 10 minus Line 16)		77,315
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

(a) Includes \$accrual of discount less \$33,567 amortization of premium and less \$6,731 paid for accrued interest on purchases.
(b) Includes \$accrual of discount less \$amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases.
(d) Includes \$for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued interest on purchases.
(f) Includes \$accrual of discount less \$amortization of premium.
(g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$interest on surplus notes and \$ interest on capital notes.
(i) Includes \$depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....			.....0		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....			.....0		
0903.	.....			.....0		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives	0		0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets.....	0		0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	131,005	424,500	293,495
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.	0	0	0
15.3 Accrued retrospective premiums.....	1,045,961	1,045,961	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	3,720,264	0	(3,720,264)
17. Amounts receivable relating to uninsured plans	195,643	0	(195,643)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets	75,712	176,660	100,948
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets	947,330	1,733,504	786,174
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,115,915	3,380,625	(2,735,290)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,115,915	3,380,625	(2,735,290)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	219,462	105,636	(113,826)
2502. Intangible Asset - Licensing.....	127,761	1,627,761	1,500,000
2503. Deferred Acquisition Cost.....	600,000	0	(600,000)
2598. Summary of remaining write-ins for Line 25 from overflow page	107	107	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	947,330	1,733,504	786,174

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	37,350	71,609	98,688	109,082	117,913	1,123,353
7. Total	37,350	71,609	98,688	109,082	117,913	1,123,353
DETAILS OF WRITE-INS						
0601. Medicare Part D Prescription Drug Plan.....	37,350	71,609	98,688	109,082	117,913	1,123,353
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	37,350	71,609	98,688	109,082	117,913	1,123,353

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Envision Insurance Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. There is no deviation from the NAIC Accounting Practices and Procedures Manual.

	2010	2009
NET INCOME		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$575,360	\$2,357,861
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$575,360	\$2,357,861
SURPLUS		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$19,328,472	\$21,588,402
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$19,328,472	\$21,588,402

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company receives Premium for plans offered under Medicare Part D. There are 5 sources of Premium as follows:

1. Part D Subsidy – The amount of Premium remitted by Medicare for each Insured that is enrolled in a plan.
2. Basic Member Premium - The amount of Premium remitted by the individual Insured enrolled in a plan.
3. Low Income Subsidy Premium - The amount of Premium remitted by Medicare for each Insured eligible for Low Income Subsidies ("LIS"). This amount is paid on behalf of the Insured for their Premium.
4. Risk Corridor Adjustment – The calculated Premium adjustment for losses that exceed the target profit thresholds that are set in the annual Medicare Part D bids.
5. Supplemental Member Premium – Premium an Insured pays for Enhanced Benefit coverage and or Non Medicare covered drugs.

Expenses incurred in connection with acquiring new business and retaining existing business are charged to operations as incurred.

In addition, the Company abides by the following policies:

1. The Company has no short-term investments.
2. Bonds are stated at amortized cost using the interest method.
3. The Company has no investments in common stocks.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.
6. The Company has no loan-backed securities.
7. Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS

8. The Company has no minor ownership interests in joint ventures.
9. The Company has no derivatives.
10. Not applicable to the Company.
11. Claim Costs consist of Basic Claims and Supplemental Claims.
 - a. Basic Claims - Consist of pharmacy costs paid to the PBM less rebates, less the amounts paid by the insurer for the proportion of coverage for LIS Members, and less the 80% reimbursement by CMS for actual Catastrophic Claims (Uninsured Plans).
 - b. Supplemental Claims - Consist of claims not covered by Medicare Part D due to an enhanced benefit or Non Covered Drugs.
12. Not applicable to the Company.
13. Not applicable to the Company.

2. Accounting Changes and Corrections of Errors

A. Accounting Changes/Changes in Estimate

The Company recorded a \$100,000 prior period decrease adjustment in surplus from financial changes made during the Company's 2009 GAAP annual audit. The Company's 2009 annual audit was part of the EPH's 2009 GAAP annual audit.

3. Business Combination and Goodwill

- A. Statutory Purchase Method - Not Applicable
- B. Statutory Merger - Not Applicable
- C. Assumption Reinsurance - Not Applicable
- D. Impairment Loss - Not Applicable

4. Discontinued Operations

The Company had no operations that were discontinued during 2010 or 2009.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2010 or 2009.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2010 or 2009.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2010 or 2009.

D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2010 or 2009.

E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2010 or 2009.

F. Real Estate

The Company purchased a residential dwelling and land at September 30, 2009 at an actual cost of \$227,644. The book/adjusted carrying value at December 31, 2010 and December 31, 2009 was \$216,894 and \$221,584, respectively.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company did not have investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeded 10% of its admitted assets at December 31, 2010 or 2009.

NOTES TO FINANCIAL STATEMENTS

- B. The Company did not recognize any impairment write down for its investments in joint ventures, partnerships or limited liability companies during 2010 or 2009.

7. Investment Income

- A. The Company had no due and accrued with amount that are over 90 days past due.
- B. At December 31, 2010 and 2009 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

- A. The Company has no derivative instruments.

9. Income Taxes

- A. There are no income taxes provided for Envision Insurance Company ("EIC"). For Federal income tax purposes, EIC is not taxed as an insurance company. EIC is an S corporation for Federal income tax purposes and all items of income or loss are reported by the S corporation shareholders on their personal tax returns. Therefore, there are no current or deferred taxes recorded by EIC.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. Nature of the relationship

Envision Insurance Company is a wholly-owned subsidiary of Envision Pharmaceutical Holdings, Inc. ("EPH"). Rx Options, Inc. ("ROI") is an affiliate of EIC and a wholly-owned subsidiary of EPH.

- B. Significant transactions for each Period

There were no significant transactions in 2010. The Company received capital contributions from EPH in the amount of \$15,000,000 in 2009.

- C. Intercompany Management and Service Arrangements

The Company entered into a new management agreement with its affiliate Rx Options, Inc. This agreement was approved by ODI on May 26, 2010 and went into effect retroactive to January 1, 2010.

- D. Amounts Due to or from Related Parties

At December 31, 2010 and 2009, the Company reported \$0 and \$0 due from affiliates and \$31,726,653 and \$4,461,478 due to affiliates, respectively. The December 31, 2010 payable balances represent intercompany transaction that will be settled in accordance with the settlement terms of the intercompany agreement.

- E. The Company did not enter into guarantees or undertaking for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

- F. Management, Service Contracts, Cost Sharing Arrangements

ROI has agreed to provide certain management services to the Company.

- G. Nature of Relationships that Could Affect Operations

ROI adjudicates and pays claims on behalf of EIC for which EIC reimburses the claims. Additionally, ROI provides delegated and management services in exchange for a management fees paid by EIC under an intercompany pharmacy benefit management services agreement.

- H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or EPH.

- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At December 31, 2010, the Company did not have investments in affiliates that exceeded 10% of the Company's admitted assets.

- J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not record impairments on its investment in subsidiaries, controlled or affiliated companies during the year ended December 31, 2010 or 2009.

- K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

NOTES TO FINANCIAL STATEMENTS

- L. Investment in a Downstream Noninsurance Holding Company

Not applicable to the Company.

11. Debt

- A. Capital Notes

The Company has no capital notes outstanding at December 31, 2010 and 2009.

- B. All Other Debt

The Company has no other debt outstanding at December 31, 2010 and 2009.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Not applicable to the Company.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Outstanding Shares

As of December 31, 2010, the Company has 20,000 shares of \$100 par value common stock authorized and outstanding.

- B. Preferred Stock

The Company has no preferred stock outstanding.

- C. Dividend Restriction

The Company does not pay out dividend.

- D. Maximum Ordinary Dividend During 2010

Not applicable to the Company.

- E. Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2010.

- F. Mutual Surplus Advances

There have been no advances to surplus at December 31, 2010.

- G. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2010.

- H. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2010.

- I. Changes in Unassigned Funds

The Company has no cumulative unrealized capital gains and losses included in unassigned funds.

- J. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

- K. Reinstatement due to Prior Quasi-Reorganizations

The Company had no restatements due to prior quasi-reorganizations.

- L. Quasi-Reorganizations over Prior 10 Years

The Company has not been involved in quasi-reorganization during the past 10 years.

14. Contingencies

- A. Contingent Commitments

The Company has no contingent commitments at December 31, 2010.

NOTES TO FINANCIAL STATEMENTS

B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2010.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2010.

D. Claims-Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable to the Company.

E. All Other Contingencies

On March 17, 2010, the Company commenced arbitration in order to pursue the collection of funds owed to the Company by Quality Health Plans under a reinsurance agreement. The net asset amount in dispute is \$2.5 million, of which \$3.7 million in gross assets has been non-admitted on the Company's statutory financial statements as of December 31, 2010.

15. Leases

A. Lessee Leasing Arrangements

The Company leased an office facility under a non-cancelable operating lease expiring October 1, 2015 with an option to extend the lease for two additional terms of 5 years each. The future annual lease payment will be \$251,640 through October 1, 2015. The Company has not entered into any sale and leaseback arrangements.

B. Lessor Leasing Arrangements

The Company has not entered into any operation leases and any leveraged leases.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company has no financial instruments with off-balance sheet risk and concentration of credit risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable to the Company.

B. Transfer and Servicing of Financial Assets

Not applicable to the Company.

C. Wash Sales

Not applicable to the Company.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

Not applicable to the Company.

B. Administrative Services Contract (ASC) Plans

Not applicable to the Company.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable to the Company.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2010 and 2009.

20. Fair Value Measurements

The Company's bond portfolio are recorded at amortized/book value as of December 31, 2010. The Company has no stocks at fair value as of December 31, 2010.

NOTES TO FINANCIAL STATEMENTS

21. Other Items

A. Extraordinary Items

Not applicable to the Company.

B. Troubled Debt Restructuring for Debtors

Not applicable to the Company.

C. Other Disclosures

During the year ended December 31, 2010, the Company received \$778,625 resulting from a settlement reached with its prior actuarial firm related to the actuarial firm's negligence on the 2007 bid to the Center for Medicare and Medicaid (CMS).

D. Uncollectible Premiums Receivables

At December 31, 2010 and 2009, the Company had admitted assets of \$210,138 and \$259,416, respectively, in Uncollected Premium. Currently, the Company had \$131,005 and \$424,500, respectively, in non-admitted Uncollected Premiums. The Company intends to contract a collection agency to recoup the outstanding balances.

E. Business Interruption Insurance Recoveries

Not applicable to the Company.

F. State Transferable Tax Credits

Not applicable to the Company.

G. Protective Tax Deposits

Not applicable to the Company.

H. Hybrid Securities

Not applicable to the Company.

22. Events Subsequent

The Company has no material recognizable and non-recognizable subsequent events to report or considered.

23. Reinsurance

A. Ceded Reinsurance Report

Section I – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (x)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or similar credit?

Yes () No (x)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may results in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

NOTES TO FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0 (because the Company is in a net payable position with regard to reinsurance).
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or force or which had existing reserves established by the Company as the effective date of the agreement?

Yes () No (x)

B. The Company had no uncollectible reinsurance written off during 2010.

C. The Company had no commutation of ceded reinsurance during 2010.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company offers Medicare Part D Prescription Benefits Plans. As part of these plans, risk-sharing corridors are established between the providers (the Company) and the Centers for Medicare and Medicaid Services ("CMS"). After all costs are known, a retrospectively rated Premium adjustment is developed and paid by (or to) CMS.
- B. The Company records accrued retrospective Premiums through written Premiums. A targeted amount is factored in determining the retrospective adjustments.
- C. The amount of net Premiums written by the Company at December 31, 2010 that are subject to retrospective Premium risk corridor was \$516,755, which represents 0.89% of the total net Premiums written.

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses were \$4,585,893 at December 31, 2010. In 2010, \$2,523,494 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2009. The reserves at December 31, 2010 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2010 and 2009.

27. Structured Settlements

Not applicable at December 31, 2010 and 2009.

28. Health Care Receivables

The Company does not have any Health Care Receivables in 2010.

29. Participating Policies

Not applicable at December 31, 2010 and 2009.

30. Premium Deficiency Reserves

The Company did not record Premium deficiency reserves at December 31, 2010 and 2009.

31. Anticipated Subrogation and Other Receivables

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses. No reduction in liability was required.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating?.....

Ohio.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2008
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2008
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....12/15/2009
- 3.4

By what department or departments? Ohio Department of Insurance.....

.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Skoda Minotti 6685 Beta Dr.Mayfield Village, Ohio 44143.....
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:.....
- 10.3

Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:.....
- 10.5

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.6

If the response to 10.5 is yes, provide information related to this exemption:.....
- 10.7

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.8

If the response to 10.7 is no or n/a, please explain.....
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....

Milliman c/o Courtney R. White, FSA, MAAA, 945 E. Paces Ferry NE., Suite 2500, Atlanta, GA. 30326-1362.....
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?.....

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved.....
- 12.13

Total book/adjusted carrying value..... \$.....
- 12.2

If yes, provide explanation.....
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A [X]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:.....
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).....
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).....

GENERAL INTERROGATORIES

BOARD OF DIRECTORS

15. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes ☒ No ☐
16. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes ☒ No ☐
17. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes ☒ No ☐

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes ☐ No ☒
- 19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

19.11 To directors or other officers

\$

19.12 To stockholders not officers

\$

19.13 Trustees, supreme or grand (Fraternal only)

\$
- 19.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

19.21 To directors or other officers

\$

19.22 To stockholders not officers

\$

19.23 Trustees, supreme or grand (Fraternal only)

\$
- 20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes ☐ No ☒
- 20.2 If yes, state the amount thereof at December 31 of the current year:

20.21 Rented from others

\$

20.22 Borrowed from others

\$

20.23 Leased from others

\$

20.24 Other

\$
- 21.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes ☐ No ☒
- 21.2 If answer is yes:

21.21 Amount paid as losses or risk adjustment

\$

21.22 Amount paid as expenses

\$

21.23 Other amounts paid

\$
- 22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒
- 22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 23.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 23.3)

Yes ☒ No ☐
- 23.2 If no, give full and complete information, relating thereto
- 23.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 23.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes ☐ No ☐ NA ☒
- 23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs.

\$
- 23.6 If answer to 23.4 is no, report amount of collateral for other programs.

\$
- 23.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes ☐ No ☐ NA ☒
- 23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ☐ No ☐ NA ☒
- 23.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes ☐ No ☐ NA ☒

GENERAL INTERROGATORIES

24.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 20.1 and 23.3). Yes [X] No []

24.2 If yes, state the amount thereof at December 31 of the current year:

24.21	Subject to repurchase agreements	\$.....
24.22	Subject to reverse repurchase agreements	\$.....
24.23	Subject to dollar repurchase agreements	\$.....
24.24	Subject to reverse dollar repurchase agreements	\$.....
24.25	Pledged as collateral	\$.....
24.26	Placed under option agreements	\$.....
24.27	Letter stock or securities restricted as to sale	\$.....
24.28	On deposit with state or other regulatory body	\$.....4,092,858
24.29	Other	\$.....

24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

26.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

26.2 If yes, state the amount thereof at December 31 of the current year. \$.....

27. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

27.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Huntington National Bank.....	30 Market Street , Akron, OH 44308.....
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento,CA 95814.....

27.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....

27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year? Yes [] No [X]

27.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

27.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....
.....
.....

GENERAL INTERROGATORIES

- 28.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?
- 28.2 If yes, complete the following schedule:
- Yes [] No [X]

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
28.2999 TOTAL		0

28.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

29. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
29.1 Bonds.....	6,489,018	6,618,722	129,704
29.2 Preferred Stocks.....	0		0
29.3 Totals	6,489,018	6,618,722	129,704

- 29.4 Describe the sources or methods utilized in determining the fair values:.....
SVO.....
- 30.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?.....
- 30.2 If the answer to 30.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?
- 30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:.....
- 31.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?
- 31.2 If no, list exceptions:.....
- Yes [] No [X]
- Yes [] No []
- Yes [X] No []

GENERAL INTERROGATORIES

OTHER

- 32.1 Amount of payments to Trade associations, service organizations and statistical or rating bureaus, if any? \$
- 32.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 33.1 Amount of payments for legal expenses, if any? \$70,486
- 33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Angelo & Banta, P.A.....	\$.....44,714
Epstein Becker Green, P.C.....	\$.....25,773

- 34.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....	\$	.....0
2.2	Premium Denominator	\$57,978,186	\$	.....34,037,638
2.3	Premium Ratio (2.1/2.2)	.....0.000		.....0.000
2.4	Reserve Numerator	\$ .....	\$	.....0
2.5	Reserve Denominator	\$3,767,656	\$	.....2,360,418
2.6	Reserve Ratio (2.4/2.5)	.....0.000		.....0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [] No [X]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

Envision Insurance Company has stand alone Medicare Part D business only.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Participating provider agreements contain a provision under which the provider agrees it shall not collect or attempt to collect from covered individuals, any amounts for drugs dispensed to any covered individual that are the responsibility of the insurer, except for applicable co-payment/deductible

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....

8.2 Number of providers at end of reporting year

.....

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [] No [X]

11.3 If yes, show the name of the state requiring such net worth.

.....

11.4 If yes, show the amount required.

\$.....

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
.....
.....
.....
.....
.....

13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

FIVE - YEAR HISTORICAL DATA

	1 2010	2 2009	3 2008	4 2007	5 2006
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	97,007,010	37,590,210	12,691,420	24,452,871	3,351,208
2. Total liabilities (Page 3, Line 24)	77,678,538	16,001,808	7,465,305	14,223,279	196,140
3. Statutory surplus		0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	19,328,472	21,588,402	5,226,115	10,229,594	3,155,067
Income Statement (Page 4)					
5. Total revenues (Line 8)	57,978,186	34,037,638	21,954,571	45,278,391	0
6. Total medical and hospital expenses (Line 18)	49,978,323	27,881,836	24,701,159	38,725,542	0
7. Claims adjustment expenses (Line 20)	2,716,706	1,135,976	940,800	575,011	0
8. Total administrative expenses (Line 21)	4,618,204	2,584,966	4,128,141	974,645	94,698
9. Net underwriting gain (loss) (Line 24)	664,953	2,434,860	(7,815,529)	5,003,191	(94,698)
10. Net investment gain (loss) (Line 27)	77,315	123,171	139,492	159,304	105,497
11. Total other income (Lines 28 plus 29)	(166,908)	(200,170)	(400,000)	0	0
12. Net income or (loss) (Line 32)	575,360	2,357,861	(8,076,037)	5,159,121	10,799
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(68,445,996)	2,239,456	548,477	(6,686,153)	0
Risk-Based Capital Analysis					
14. Total adjusted capital.....	19,328,472	21,588,402	5,226,115	10,229,594	0
15. Authorized control level risk-based capital.....	2,470,099	997,486	1,015,575	1,222,910	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	117,913	37,350	10,588	22,245	0
17. Total members months (Column 6, Line 7)	1,123,353	392,169	130,881	230,876	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.2	81.9	112.5	137.8	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	4.7	3.3	4.3	0.0	0.0
22. Total underwriting deductions (Line 23)	98.9	92.8	135.6	143.3	0.0
23. Total underwriting gain (loss) (Line 24)	1.1	7.2	(35.6)	17.8	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	1,484,999	3,112,367	9,807,299	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,360,418	3,112,367	6,110,988	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?..... Yes [] No []

If no, please explain:
.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	288,835						288,835	0
2. Alaska	AK	L	22,267						22,267	0
3. Arizona	AZ	L	211,606						211,606	0
4. Arkansas	AR	L	88,614						88,614	0
5. California	CA	L	1,578,753						1,578,753	0
6. Colorado	CO	L	178,590						178,590	0
7. Connecticut	CT	L	239,298						239,298	0
8. Delaware	DE	L	107,933						107,933	0
9. District of Columbia	DC	L	35,125						35,125	0
10. Florida	FL	L	39,508,428						39,508,428	0
11. Georgia	GA	L	473,151						473,151	0
12. Hawaii	HI	L	36,552						36,552	0
13. Idaho	ID	L	97,778						97,778	0
14. Illinois	IL	L	526,246						526,246	0
15. Indiana	IN	L	520,596						520,596	0
16. Iowa	IA	L	113,971						113,971	0
17. Kansas	KS	L	231,486						231,486	0
18. Kentucky	KY	L	212,117						212,117	0
19. Louisiana	LA	L	204,511						204,511	0
20. Maine	ME	N	66,436						66,436	0
21. Maryland	MD	L	457,128						457,128	0
22. Massachusetts	MA	L	751,135						751,135	0
23. Michigan	MI	L	239,202						239,202	0
24. Minnesota	MN	L	162,987						162,987	0
25. Mississippi	MS	L	169,996						169,996	0
26. Missouri	MO	L	3,376,437						3,376,437	0
27. Montana	MT	L	57,895						57,895	0
28. Nebraska	NE	L	76,575						76,575	0
29. Nevada	NV	L	149,732						149,732	0
30. New Hampshire	NH	L	87,457						87,457	0
31. New Jersey	NJ	L	11,966,340						11,966,340	0
32. New Mexico	NM	L	69,369						69,369	0
33. New York	NY	L	14,734,813						14,734,813	0
34. North Carolina	NC	L	849,984						849,984	0
35. North Dakota	ND	L	21,897						21,897	0
36. Ohio	OH	L	758,272						758,272	0
37. Oklahoma	OK	L	248,588						248,588	0
38. Oregon	OR	L	101,647						101,647	0
39. Pennsylvania	PA	L	539,418						539,418	0
40. Rhode Island	RI	L	68,520						68,520	0
41. South Carolina	SC	L	532,769						532,769	0
42. South Dakota	SD	L	48,966						48,966	0
43. Tennessee	TN	L	492,030						492,030	0
44. Texas	TX	L	19,880,714						19,880,714	0
45. Utah	UT	L	89,993						89,993	0
46. Vermont	VT	N	85,954						85,954	0
47. Virginia	VA	L	9,741,542						9,741,542	0
48. Washington	WA	L	352,421						352,421	0
49. West Virginia	WV	L	94,375						94,375	0
50. Wisconsin	WI	L	484,690						484,690	0
51. Wyoming	WY	L	10,367						10,367	0
52. American Samoa	AS	N	0						0	0
53. Guam	GU	N	0						0	0
54. Puerto Rico	PR	N	0						0	0
55. U.S. Virgin Islands	VI	N	0						0	0
56. Northern Mariana Islands	MP	N	0						0	0
57. Canada	CN	N	0						0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	111,443,506	0	0	0	0	0	111,443,506	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	
61. Total (Direct Business)	(a)	49	111,443,506	0	0	0	0	0	111,443,506	0
DETAILS OF WRITE-INS										
5801.		XXX							0	
5802.		XXX							0	
5803.		XXX							0	
5898. Summary of remaining write-ins for Line 58 from overflow page.		XXX	0	0	0	0	0	0	0	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0	0	

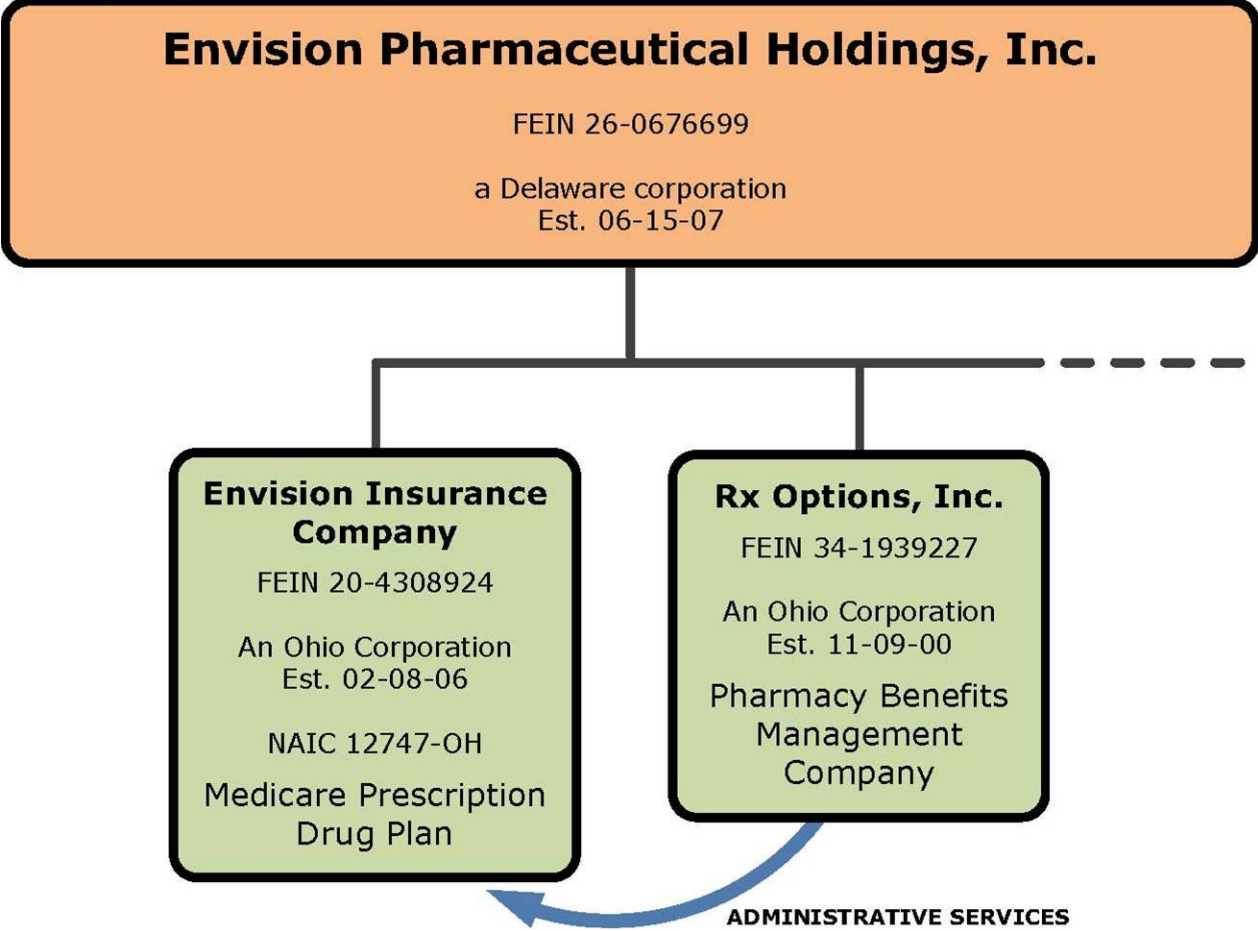
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.: Premium by residency. Retrospective allocated proportionately.

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Envision Insurance Company

(a) Insert the number of L responses except for Canada and other Alien.

ENVISION INSURANCE COMPANY 2010 Annual Statement Schedule "Y"



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA –Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	SI13
Schedule DB – Part C – Section 2	SI14
Schedule DB – Part D	E22
Schedule DB – Verification	SI15
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer’s Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

